						- i ·		ormstion unle		lays a valid OMB	
Substitute for Form PTO-875									Application or Docket Number 09 / 90/487		
APPLICATION AS FILED - PART ( (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
L	FOR	NUMBER FILED		NUM	ER EXTRA		RATE (1)	FEE (\$)		RATE (\$)	FEE (\$)
(3)	SIC FEE CFR 1.16(e), (b), or (cf) ARCH FEE								]		
(37	CFR 1 16(k), (r), or (m))	ļ			<u>-</u> -	1			j		
(37	AMINATION FEE CFH 1.16(0), (p), or (qi)	<u> </u>							]		
(37	TAL CLAIMS CFR 1.16(I))		minus i	20 .			X -		OR	х =	
	DEPENDENT CLAIMS CFR 1.16(h))	<u></u>	minus	- 1		1	х .		1	x =	
ΑP	PLICATION SIZE	if the spe	ocification	n and drawings he application :	exceed 100	1			1		
FEE   is \$250 (\$125 for small				small entity) for	each					ŀ	
	(37 CFR 1 16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MU	LTIPLE DEPENDENT										
. 11	line dillerence in colum	1 is loss than zero, onler "O" in column ;			,		TOTAL		]	TOTAL	
	APPLICATION AS AMENDED PART II										
	. (Column 1) (Column 2) (Column 3)						<b>C</b> 4444.		OR		RTHAN
AMENOMENT A		CLAIMS		HIGHEST	<del></del>	1	SMALL		1	SMALL	ENTITY
	1 11121051 -	MAINING AFTER ENDMENT		PREVIOUSLY PAID FOR	PRESENT		RATE (S)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL
	Total (	9	Minus	20	-	Н	· 25.	155 (3)	OR	× 50 =	FEE (\$)
	Independent (37 CFR 1 16mB	2	Minus	4			11X)		OR	· 200 :	
	Application Size Fee (37 CFR 1 15(s))					П			UR	. <i>a</i>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLANS (37 CFR 1.16UI)								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		ilumn 1)	<del></del> ,	(Cotumn 2)	(Cetumn 3)						
NI B	REI	LAIMS MAINING IFTER NOMENT		HIGHEST HUMBER PREVIOUSLY PAID EOR	PRESENT EXTRA		RATE (5)	ADDI- TIONAL FEE (\$)		RATE (S)	ADDI- TIONAL FEE(S)
AMENDMENT	LCIA;	20	f.Snus	00	•	ľ	, ,	7	OR	۸ :	ree(s)
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₹[	Application Size Fee (37 CFR 1 16(s))					ı	····		UH	λ =	<del>-/</del>

If the entry in column 1 is less than the entry in column 2, wide 10 in column 3.

If the Highest Mumber Previously Paid For 1N 110S SPACE is less than 30, enter 120.

If the Highest Mumber Previously Paid For 1N 110S SPACE is less than 3, enter 120.

If the Highest Mumber Previously Paid For 1N 110S SPACE is less than 3, enter 120.

If the Highest Mumber Previously Paid For (1 cleat or independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fire fand by the USPTO to increasing an application. Confidentialist is governed to 35 U.S.C. 122 and 31 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and soluniding the complete displacation form to the USPTO I line will van depending upon the individual case. Any comments on the amount of time you require to complete this form and or suggestions for reducing this forder is food to see it to the Chief Information Officer, U.S. Pateril and Trademark Office U.S. Department of Commence, P.O. Box 1450, Mexandria, VA 22313-1450, DO MOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

OR

TOTAL

ACO'L FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ) 160H

6,26,